



1985

Behavioral Risk Factor Surveillance System

State Questionnaire

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Interviewer's Script

HELLO, I'm _____ calling for the _____. We're doing a study on the health practices of _____ residents. Your number has been chosen randomly by the _____ to be included in the study, and we would like to ask some questions about things people do which may affect their health.

1. Is this ____(phone number)____ ?

(17-24)

YES → GO TO QUESTION 2

NO → Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **Stop**

2. Is this a private residence?

YES → GO TO NEXT PAGE

NO → Thank you very much, but we are only interviewing private residences. **Stop**

Final disposition of telephone call

(25-26)



Our study requires that we interview only one person who lives in your household. How many members of your household, including yourself, are 18 years of age or older?

(27)

IF ONE PERSON HOUSEHOLD, GO TO ALL RESPONDENTS

How many of these adults are men and how many are women?

___ Number of men

(28)

___ Number of women

(29)

The person in your household that I need to speak with is _____.

IF SCREENING WAS NOT DONE WITH RESPONDENT:

HELLO, I'm _____calling for the (agency) . I'm a member of a special research team. We're doing a study of (state) residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.



ALL RESPONDENTS

The interview will take about 10 minutes or perhaps a little less and all the information obtained in this study will be confidential.

Your name will not be used, but your responses will be grouped together with information from others participating in the study.

Of course, your part is voluntary and you can end the interview anytime you like. First, I'd like to begin by asking you about using seatbelts.

Questionnaire Sections

Section A: Seatbelts

1. How often do you use seatbelts when you drive or ride in a car? (30)
- Please read:**
- Would you say—
- | | |
|---|------------------------------|
| 1 | Always |
| 2 | Nearly Always |
| 3 | Sometimes |
| 4 | Seldom |
| 5 | Never |
| 7 | Don't know / Not sure |
| 8 | Never drive or ride in a car |
| 9 | Refused |

Section B: Hypertension

These next questions are about hypertension or high blood pressure.

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (31)
- (PROBE FOR DOCTOR, NURSE, OR OTHER HEALTH PROFESSIONAL)
- | | | |
|---|-----------------------------------|-----------------|
| 1 | No | GO TO SECTION C |
| 2 | Yes, by a doctor | |
| 3 | Yes, by a nurse | |
| 4 | Yes, by other health professional | |
| 7 | Don't know / Not sure | GO TO SECTION C |
| 9 | Refused | GO TO SECTION C |
3. Have you ever been told on more than one occasion that your blood pressure was high, or have you been told this only once? (32)
- | | |
|---|-----------------------|
| 1 | More than once |
| 2 | Only once |
| 7 | Don't know / Not sure |
| 9 | Refused |

4. Is any medicine currently prescribed for your high blood pressure? (33)

- | | | |
|---|---------------------------|------------------|
| 1 | Yes | |
| 2 | No | GO TO QUESTION 6 |
| 7 | Do not remember/ Not sure | GO TO QUESTION 6 |
| 9 | Refused | GO TO QUESTION 6 |

5. Are you still taking medicine for your high blood pressure? (34)

PROBE FOR "ALL OR MOST OF THE TIME" OR "ONLY OCCASIONALLY" IF NECESSARY. IF ANSWER IS "YES," USE "YES, ALL OR MOST OF THE TIME."

- | | |
|---|------------------------------|
| 1 | Yes, all or most of the time |
| 2 | Yes, only occasionally |
| 3 | No |
| 7 | Do not remember/ Not sure |
| 9 | Refused |

6. Are you doing any of the following to help control your high blood pressure?

(PLEASE NOTE: D4 IS "DO NOT SMOKE")

PLEASE READ:

	YES	NO	NOT SURE	REFUSED	
a. Following a low-salt diet	1	2	7	9	(35)
b. Watching your weight	1	2	7	9	(36)
c. Avoiding stress, relaxing	1	2	7	9	(37)
d. Cutting down or stopping smoking	1	2	7	9	4(DNS) (38)
e. Following an exercise program	1	2	7	9	(39)

7. As far as you know, is your blood pressure presently normal, under control, or is it still high? (40)

PLEASE NOTE: NORMAL OR UNDER CONTROL INCLUDES "RETURNED TO NORMAL" AND "NO LONGER HAVE HIGH BLOOD PRESSURE."

- | | |
|---|---------------------------|
| 1 | Normal |
| 2 | Under control |
| 3 | Still high |
| 7 | Do not remember/ Not sure |
| 9 | Refused |

Section C: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

8. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(41)

1 Yes GO TO QUESTION 10
 2 No
 7 Don't know / Not sure
 9 Refused

9. Were there other activities or exercises that you participated in during the past month besides running, calisthenics, golf, gardening, or walking for exercise?

(42)

1 Yes
 2 No GO TO SECTION D
 7 Don't know / Not sure GO TO SECTION D
 9 Refused GO TO SECTION D

10. What type of physical activity or exercise did you spend the most time doing during the past month?

SEE CODING LIST A

(43-44)

Activity
 9 9 Refused

ASK QUESTION 11 ONLY IF ANSWER TO Q10 IS RUNNING, JOGGING, WALKING, OR SWIMMING. ALL OTHERS, GO TO QUESTION 12.

11. How far did you usually walk/run/jog/swim?

(45-47)

SEE CODING LIST B IF RESPONSE IS NOT IN MILES AND TENTHS

Miles and tenths
 7 7 7 Don't know / Not sure
 9 9 9 Refused

12. How many times per week or per month did you take part in this activity during the past month?

(48-50)

1 Times per week
 2 Times per month
 7 7 7 Don't know / Not sure
 9 9 9 Refused

13. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(51-53)

Hours and minutes
 7 7 7 Don't know / Not sure
 9 9 9 Refused

- 14.** Was there another physical activity or exercise that you participated in during the last month?

(54)

1	Yes	
2	No	GO TO SECTION D
7	Don't know / Not sure	GO TO SECTION D
9	Refused	GO TO SECTION D

- 15.** What other type of physical activity gave you the next most exercise during the past month?

SEE CODING LIST A

(55-56)

— —	Activity	
— —	Don't know/not sure	GO TO SECTION D
9 9	Refused	GO TO SECTION D

ASK QUESTION 16 ONLY IF ANSWER TO Q15 IS RUNNING, JOGGING, WALKING, OR SWIMMING.
ALL OTHERS GO TO Q17.

- 16.** How far did you usually walk/run/jog/swim?

(57-59)

SEE CODING LIST B IF RESPONSE IS NOT IN MILES AND TENTHS

— — . —	Miles and tenths
7 7 7	Don't know / Not sure
9 9 9	Refused

- 17.** How many times per week or per month did you take part in this activity during the past month?

(60-62)

1 — —	Times per week
2 — —	Times per month
7 7 7	Don't know / Not sure
9 9 9	Refused

- 18.** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

(63-65)

— : — —	Hours and minutes
7 7 7	Don't know / Not sure
9 9 9	Refused

Section D: Diet

- 19.** About how much do you weigh without shoes? (66-68)
- | | |
|-------------------------------|-----------------------|
| <u> </u> <u> </u> <u> </u> | Weight in pounds |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |
-
- 20.** About how tall are you without shoes? (69-71)
- | | |
|---------------------------------|-----------------------|
| <u> </u> / <u> </u> <u> </u> | Height |
| Ft./Inches | |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |
-
- 21.** Are you now trying to lose weight? (72)
- | | | |
|---|---------|-----------|
| 1 | Yes | |
| 2 | No | GO TO Q24 |
| 9 | Refused | GO TO Q24 |
-
- 22.** Are you eating fewer calories to lose weight? (73)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/not sure |
| 9 | Refused |
-
- 23.** Have you increased your physical activity to lose weight? (74)
- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/not sure |
| 9 | Refused |
-
- 24.** How often do you usually add salt to your food at the table? (75)
- PLEASE READ:
- Would you say:
- | | |
|---|---------------------|
| 1 | Most of the time |
| 2 | Sometimes |
| 3 | Rarely |
| 4 | Never |
| 7 | Don't know/not sure |
| 9 | Refused |

Section E: Cigarette Smoking

Now I would like to ask you a few questions about smoking cigarettes.

- 25.** Have you smoked at least 100 cigarettes in your entire life? (76)
- NOTE: 100 CIGARETTES = 5 PACKS
- | | | |
|---|-----------------------|-----------------|
| 1 | Yes | |
| 2 | No | GO TO SECTION F |
| 8 | Don't know / Not sure | |
| 9 | Refused | |
- 26.** Do you now smoke cigarettes now? (77)
- | | | |
|---|---------|-----------------|
| 1 | Yes | |
| 2 | No | GO TO SECTION F |
| 9 | Refused | GO TO SECTION F |
- 27.** On the average, about how many cigarettes a day do you now smoke? (78-79)
- | | | |
|-------|-----------------------|--|
| _____ | Number of cigarettes | |
| 8 8 | Don't smoke regularly | |
| 9 9 | Refused | |
- 28.** Have you stopped smoking for a week or more sometime during the past year? (80)
- | | | |
|---|---------|--|
| 1 | Yes | |
| 2 | No | |
| 9 | Refused | |

Section F: Alcohol Consumption

The next few questions are about the use of beer, wine, or liquor—all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

29. Have you ever had any beer, wine, or liquor during the past month, that is since ____? (81)

- | | | |
|---|---------|--------------------|
| 1 | Yes | |
| 2 | No | GO TO NEXT SECTION |
| 9 | Refused | GO TO NEXT SECTION |

30. During the past month, how many days per week or per month did you drink any beer? (82-84)

- | | | | |
|---|-----|-----------------------|-----------|
| 1 | ___ | Days per week | |
| | | or | |
| 2 | ___ | Days per month | |
| 8 | 8 | Never or none | GO TO Q32 |
| 7 | 7 | Don't know / Not sure | GO TO Q32 |
| 9 | 9 | Refused | GO TO Q32 |

31. On the days when you drank beer, how many beers did you drink on the average? (85-86)

- | | | |
|-----|-----|-----------------------|
| ___ | ___ | Number of beers |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

32. During the past month, how many days per week or per month did you drink any wine? (87-89)

- | | | | |
|---|-----|-----------------------|-----------|
| 1 | ___ | Days per week | |
| | | or | |
| 2 | ___ | Days per month | |
| 8 | 8 | Never or none | GO TO Q34 |
| 7 | 7 | Don't know / Not sure | GO TO Q34 |
| 9 | 9 | Refused | GO TO Q34 |

33. On the days when you drank wine, how many glasses of wine did you drink on the average? (90-91)

- | | | |
|-----|-----|---------------------------|
| ___ | ___ | Number of glasses of wine |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

- 34.** During the past month, how many days per week or per month did you have any liquor to drink, such as vodka, gin, rum, or whiskey? (92-94)

1 ___ Days per week
or
2 ___ Days per month
8 8 8 Never or none GO TO Q36
7 7 7 Don't know / Not sure GO TO Q36
9 9 9 Refused GO TO Q36

- 35.** On the days when you drank any liquor, how many drinks did you have on the average? (95-96)

___ Number of drinks
7 7 Don't know / Not sure
9 9 Refused

- 36.** Considering all types of alcoholic beverages, that is, beer, wine, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion? (97-98)

___ Number of times
7 7 Don't know / Not sure
8 8 None
9 9 Refused

- 37.** And during the past month, how many times have you driven when you've had perhaps too much to drink? (99-100)

___ Number of times
7 7 Don't know / Not sure
8 8 None
9 9 Refused

Section G: Demographics

The next questions ask for a little more information about yourself.

- 38.** How old were you on your last birthday? (101-102)

___ Age (18-99)
0 7 Don't know/Not sure
0 9 Refused

39. What is your race?

(103)

PLEASE READ

Would you say—

- 1 White
- 2 Black
- 3 Asian or Pacific Islander
- 4 Aleutian, Eskimo, or American Indian
- 5 Other (specify) _____
- 7 Do not know/Not sure
- 9 Refused GO TO NEXT SECTION

40. Are you of Hispanic origin, such as Mexican American, Latin American, Puerto Rican, or Cuban?

(104)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

41. What is the highest grade or year of school you completed?

(105)

READ ONLY IF NECESSARY:

- 1 Eighth grade or less
- 2 Some high school
- 3 High school grad or GED certificate
- 4 Some technical school
- 5 Technical school graduate
- 6 Some college
- 7 College graduate
- 8 Post grad or professional degree
- 9 Refused

42. Are you currently—

(106)

PLEASE READ:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than one year
- 4 Out of work for less than one year
- 5 Homemaker
- 6 Student
- or
- 7 Retired
- 9 Refused

43. And are you— (107)

PLEASE READ:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never been married
- or
- 6 A member of an unmarried couple
- 9 Refused

44. Which of the following categories best describes your annual household income from all sources? (108)

PLEASE READ:

- 1 Less than \$10,000
- 2 \$10 to \$15,000
- 3 \$15 to \$20,000
- 4 \$20 to \$25,000
- 5 \$25 to \$35,000
- 6 \$35 to \$50,000
- or
- 8 Over \$50,000
- 7 Don't know/not sure
- 9 Refused

44. INTERVIEWER: INDICATE SEX OF RESPONDENT (109)

(ASK IF NECESSARY)

- 1 Male
- 2 Female

45. INTERVIEWER: ASK THIS QUESTION ONLY TO FEMALES BETWEEN 18 AND 45; OTHERWISE, GO TO Q46. (110)

To your knowledge, are you now pregnant?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

46. How many telephone numbers will reach this household, including the number I used today? (111)

___ Number of telephone numbers

Coding Lists

Coding List A: Activity codes

Code	Description	Code	Description
01	Aerobics class	27	Painting/papering house
02	Back packing	28	Racquetball
03	Badminton	29	Raking lawn
04	Basketball	30	*Running
05	Bicycling for pleasure	31	Rope skipping
06	Boating (canoeing, rowing, sailing for pleasure/camping)	32	Scuba diving
07	Bowling	33	Skating (ice or roller)
08	Boxing	34	Sledding, tobogganing
09	Calisthenics	35	Snorkeling
10	Canoeing/rowing (in competition)	36	Snow shoeing
11	Carpentry	37	Snow shoveling by hand
12	Dancing (aerobic/ballet)	38	Snow blowing
13	Fishing from river bank or boat	39	Snow skiing
14	Gardening (spading, digging, weeding, filling)	40	Soccer
15	Golf	41	Softball
16	Handball	42	Squash
17	Health club exercise	43	Stair climbing
18	Hiking (cross-country)	44	Stream fishing in waders
19	Home exercise	45	Surfing
20	Horseback riding	46	*Swimming laps
21	Hunting large game (deer, elk)	47	Table tennis
22	*Jogging	48	Tennis
23	Judo/karate	49	Touch football
24	Mountain climbing	50	Volleyball
25	Mowing lawn	51	*Walking
26	Paddleball	52	Water skiing
		53	Weight lifting
		54	Other_____

Coding List B: Intensity factors for common leisure activities

Lap swimming

50-ft. pool 10 laps = .1 mile
 100-ft. pool 5 laps = .1 mile
 50-meter pool 3 laps = .1 mile

Running/jogging/walking

1/2 mile = .5 mile
 1/4 mile = .3 mile
 1/8 mile = .1 mile
 1 block = .1 mile